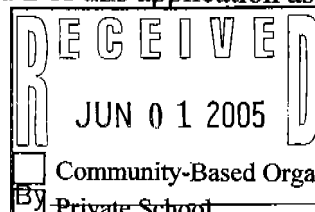


INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.



CHECK THE APPROPRIATE BOX:

- | | | |
|---|---|---|
| <input type="checkbox"/> For Profit Company | <input type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based Organization |
| <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input checked="" type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity The I.M.A.G.E. Personal Success Training Institute

Name of Director Mr. Carlos Johnson

Address 21500 Northwestern Hwy #1105 **City** Southfield **State** MI **Zip** 48075

Phone 248-569-6234 **Fax** 248-569-6336 **Email** info@imageofsuccess.com

Proposed Location of Services (if different from above):

Address N/A **City** _____ **State** _____ **Zip** _____

If different from Director:

Name of Contact Person N/A

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☒ No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 21500 Northwestern Hwy #1105 – Northland Mall

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:
The I.M.A.G.E. Personal Success Training Institute utilizes over 3000 square feet of training space in Northland Center Mall. The institute is located at one of Wayne and Oakland Counties public transportations hubs. Providing safe, friendly, and easy access to all.

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes ☒ No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Mathematics

Reading

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: 5th – 8th grades

3. Time of Services – Indicate when you deliver services to students:

☐ Before School ☒ After School ☒ Weekends ☒ Summer ☒ Other school vacations

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☒ Individual Tutoring ☒ Small Group Instruction ☒ Large Group Instruction

☐ Online Web-Based ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1 hour Number of Sessions per Week 5 sessions

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☒ Paraprofessionals ☒ Volunteers ☐ Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

☐ Special Education ☒ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

☒ **\$40 per hour** (unit of time, e.g., hour, week, etc.) per student.

☐ \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.